ROCHDALE
BOROUGH COUNCIL

Guidance Notes
The Rochdale Graded Care Profile (0-11)

This document is intended to be used for children from 0-11yrs of age, up to the end of school year 6

Adapted from The Graded Care Profile designed by Dr Leon Polnay and Dr O P Srivastava, Bedfordshire and Luton Community NHS Trust and Luton Borough Council.

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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 Rochdale, 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 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 areas of 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 GCP can be used with the family by individual workers, or groups of workers, to inform family meetings/child in need meetings/ core group meetings.

Finally it should be remembered that it 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.

The Graded Care Profile should be completed with the following in mind:-

- Using a **'Think Family'** approach, one profile can be completed for all children in the home however you will need to complete one summary sheet per child.
- It is necessary to visit the home to undertake the assessment. This may involve a number of visits.
- Families should have a clear understanding of what questions should be asked of them and why.
- Observations should be undertaken in a non-evasive and sensitive manner.
- Being mindful of temporary factors which can affect the score (e.g. bereavement, new job/job loss, illness, a house move, relationship difficulties).
- The profile questions must be shared with the care giver(s) **& child(ren) if age appropriate.**
- In relation to grading, if it is deemed that the grade is for example between 3 and a 4, then the highest score prevails, therefore 4.
- This profile is designed to allow for both handwritten and typed assessments. The boxes will expand as you type in them. If you are handwriting the assessment you may wish to expand the boxes before you print.
- The profile is designed to be printed in colour for ease of use, however colour copies are not essential.

The profile is organised into 4 main components:

1) The Graded Care Profile – assessment tool, which is laid out into 4 areas labelled as follows:

   A) AREA OF PHYSICAL CARE, such as food, clothes and health.

   B) AREA OF CARE OF SAFETY, such as how safe the home is, road safety and child supervision.

   C) AREA OF CARE OF LOVE, such as the relationship between the carer and the child.

   D) AREA OF CARE OF ESTEEM, such as if the child is encouraged to learn, and if they are praised for doing something good.

2) Targeted action plan – identifies areas of work to be completed with the whole family in order to reduce the grading once the assessment is completed.

3) Family details & overall grading – provides a summary of the grades in each area of care for each child in the family home.

4) Summary Sheet – provides a breakdown of individual grades for each area of care separately for each child.

Obtaining information (include child(s) views during assessment):

A) AREA OF PHYSICAL CARE

Nutrition:

Observation of a mealtime is useful but not always possible. Information is therefore to be gained by asking questions sensitively about foods given, whether set mealtimes, routines etc. and the answers given backed by observation of the kitchen, working utensils, storage, and supply of food. It is important that this is not perceived as intrusive. Score on amount of food offered and intended rather than how much consumed.

Housing:

If deficient, note what effort has been made to remedy and whether it is possible for the care giver to practically take remedial steps to improve.

Clothing:

Base this on whether the care giver(s) cleans, repairs, replaces outgrown clothing. Observe whether the clothing is appropriate for the weather. Observe whether shoes are fitting and appropriate – this depends on age and whether the child is self-determining what is worn.

Hygiene:

Observe what is temporary, acceptable dirtiness from play and what seems to be ingrained "long term dirt" e.g. behind ears, washing/ bathing, according to age appropriate needs.

Health:

Check on what the reasons are for non-attendance for health appointments. If no immunisations, what is the reason? If failure to attend for a routine screening appointment (i.e. dental appointment or developmental assessment) or follow up appointments/investigations, what is the reason given? e.g. is there a problem with transport, costs etc. Has the child a disability/ongoing medical needs? Are the prescriptions for medication obtained and administered appropriately to the child? If not what are the reasons given. Consider whether the caregiver's views may be reasonable/unreasonable; ask yourself whether this is wilful medical neglect. What is the impact on the child?

B) AREA OF CARE OF SAFETY

In the presence of the caregiver:-

- What is their awareness of safety?
- Is there safety equipment?
- Is there evidence of hazardous substances?
- Does the caregiver have an apparent conscious awareness of the child, what he/she is doing, whether there may be danger?
- Ask about what the child is told about road safety, playing outside etc.
- If possible, observe whether the child's behaviour or actions gives an indication of her being told or made aware of any safety issues.

In the absence of caregiver:-

- What are the child-care arrangements when the care-giver is away?
- Are babysitters always familiar to the child, are they competent and of a reasonable age?
- Does the caregiver leave a contact number for the sitter?
- Is the sitter of sufficient maturity? (the NSPCC **recommended** that a babysitter should not be under the age of 16 years)

C) AREA OF CARE OF LOVE

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

This section relates mainly to the carer.

- Sensitivity is defined as whether the carer is aware of the child's emotional signals and whether they respond.
- Timing of response is defined as the timing of the carer's response and the form of the action the carer takes.
- Reciprocation relates to the depth of the response on an emotional level (e.g. does the parent give appropriate responses to the child's signals – verbal and non-verbal for reassurance, affection or praise in a timely way?)

2 Mutual engagement – (a) Interactions (b) Quality

This relates to the emotional exchanges between the child and caregiver.

- Observe the interaction and what happens when the child seeks comfort, seeks reassurance, smiles at the carer.
- What is the quality of interaction – verbal and non-verbal at feeding times or play etc.?
- Note if there is pleasure expressed by either; or an absence of response/an inability to notice the child's signals or to respond.

(High scoring in this area may indicate emotional abuse).

D) AREA OF CARE OF ESTEEM

1 Stimulation

- How does the child receive positive messages about himself?
- Is the child encouraged to learn?
- Is the child provided with social rules, appropriate toys, stories and interactive play?
- Use the age band '5 years+' for children and young people aged 5 – 11 years
- Any score of 3 and above should be highlighted.

2 Approval

- Are the child's achievements rewarded or ignored? (This can be observed or obtained by the practitioner praising the child and then noting the carer's response (shows pleasure or disregards?)

3 Disapproval

- How is the child shown disapproval?
- Ask what happens when the child misbehaves?
- Beware of any discrepancy between what is said and what is actually done.
- Does the child have clear messages about right/wrong and what kind of behaviour brings disapproval? Ask for an example from both the caregiver and the child.

4 Acceptance

- How does the carer feel when they have reprimanded the child or others have reprimanded the child (e.g. a teacher)?
- Is the child denigrated or accepted?
- Is their response a considered one or is there over-reaction?

How to use the Graded Care Profile – Assessment Tool

Start with each area for example: NUTRITION, look at each sub area such as 'quality' with the caregiver. Discuss and explain your assessment and insert the child(s) name in the box provided. In this sample, 3 children are included – Daisy (3 months old), Rosie (Age 8) & Jim (Age 9)

1) NUTRITION					
Sub-areas	**1 – Child priority**	**2 – Child first**	**3 – Child and carer equal**	**4 – Child second**	**5 – Child not considered**
1.a. Quality 	**Aware and thinks ahead; provides excellent quality food & drink (5 food groups).**	**Aware and manages to provide reasonable quality food and drink (3-4 food groups).**	**Provision of reasonable quality food, inconsistent through lack of awareness or effort (at least 3 food groups).**	**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.**
Carer's view - add child's name(s) in appropriate box	Daisy		Rosie & Jim		
Assessor's view – add child's name(s) in appropriate box	Daisy			Rosie & Jim	

Record your assessment in the appropriate section and add the date. Please note that it is important to obtain the child's view as part of the assessment. Further information can be added by other professionals to the same document – it is important to indicate which professional have added their comments.

Comments: (Assessor/ Carer/ Child) 	**Assessment 1:** **14/11/16** – Mum reports that the children have takeaways when she receives her benefits. Mum states that she cannot afford to buy fresh fruit/veg, so the children rarely have any at all. Observations carried out at mealtimes identify that mum makes meals such as hot dogs, chicken nuggets, chips and usually frozen foods. Mum does not usually plan ahead for meals. Rosie said that she does not like vegetables, and Jim said that he does not like potatoes. Both children told me that they eat tinned ravioli and meatballs and they often drink fizzy full sugar drinks at home, but not in school. At school Rosie and Jim eat a school cooked meal. Observations identify that quality formula milk is always available for Daisy (assessor: Family Key Worker). **Assessment 2 (date):** **Assessment 3 (date):**

Targeted Action Plan:

Once the assessment is completed, and areas of further work identified, this can be included on the targeted action plan. The action plan is agreed by assessor and carer and will provide a clear plan of work to be carried out in order to improve grade which will identify improvements/ deterioration at the next assessment (usually after a period of approximately 6 -12 weeks). Please complete one targeted action plan per family per assessment. An example of a targeted action plan is as follows:

Targeted Action Plan (Family Name): _____

Session No.	Area of work	Date completed/Comments
1	The food diary & food/meal planning including budgeting. Benefits of family meal times & nutritional advice/information.	Finance/Budgeting completed on 28/11/16. Meal planning /nutritional advice completed on 01/12/16 & 08/12/16.
2	Home maintenance & facilities including action planning. Complete referral to Fire Safety Service (smoke detectors/overloaded plug sockets)	Smoke detectors fitted/wiring & socket checks completed by Fire safety service on 19/11/16.
3	Staying healthy & hygienic session to include washing/bathing/showering.	Session completed on 15/12/16. Promoting teeth brushing completed on 20/11/16 & at the time of dental appointment.

Family Details & Overall Grading:

The profile can be completed over a number of sessions, and once the assessment is completed, an overall grade can be given as follows in the chart below:

Grading (the HIGHEST overall grade for each area of care applies once the assessment is complete)				
Assessment 1: 14/11/16	A) Area of Physical Care - add child's name(s) & overall grade. **Daisy - Grade 2, Rosie – Grade 4, Jim – Grade 4.**	B) Area of Safety - add child's name(s) & overall grade. **Daisy - Grade 3, Rosie – Grade 3, Jim – Grade 4.**	C) Area of Love - add child's name(s) & overall grade. **Daisy - Grade 3, Rosie – Grade 3, Jim – Grade 3.**	D) Area of Self Esteem - add child's name(s) & overall grade. **Daisy - Grade 3, Rosie – Grade 3, Jim – Grade 4.**

Summary Sheet: (one sheet per child, per assessment)

This collates the all the scores and allows comments to be added which may have influenced the assessment. Example as follows:

Rosie Age 8

ASSESSMENT DATE: 14/11/16							
AREA	**SUB AREA**	**GRADES**					**COMMENTS**
(A) PHYSICAL	1. Nutrition	1	2	3	(4)	5	Meal times for Rosie are inconsistent, lack of forward planning; healthy snacks are not readily available.
	2. Housing	1	2	(3)	4	5	Home well presented, however lacking essential features i.e. smoke detectors and overloaded plug sockets.
	3. Clothing	1	2	3	(4)	5	Rosie has been observed a number of times with ill-fitting clothes/shoes and often not suitable for weather conditions (inadequate).
	4. Hygiene	1	2	3	(4)	5	Rosie often seen appearing unkempt and body odour evident, hair sometimes matted, toiletries not always available.
	5. Health	1	2	(3)	4	5	Health needs mostly met, immunisations up to date, one outstanding dental appointment.

Evaluating the score:

- Low scores in some areas can be identified and targeted for planning of services and work to improve and rectify.
- A score of 4/5 in any one area may indicate that a child is at risk of significant harm and consideration should be given as to whether a referral to Children's Social Care is necessary.
- If the scores are 3 in one or more area, support may be necessary to prevent further deterioration and identify improvements.
- Scoring less than 3 in any area indicates no immediate cause for concern.

Referrals to Children's Social Care:

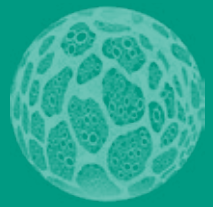
When referring a child who is suffering or likely to be suffering significant harm as a result of neglect a completed multi agency referral form (MARF) needs to accompany the Graded Care Profile. The written referral needs to site specific examples of the issues which were identified during the completion of the assessment tool.

Review:

It is necessary to complete a review profile to measure improvements, no improvement or deterioration in care following service support and advice in areas of need. The decision on time-scale for the review is made on an individual basis (maximum 3 months).

Signatures & consent:

Ensure you have obtained consent to share information/refer to another agency. If any information shared during the process raises immediate safeguarding concerns please discuss this with your safeguarding lead or other appropriate agency.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