

Graded care profile (GCP) guidance

Using the GCP tool

- Use of the GCP needs to be child focussed, looking at their development needs and how well parents are meeting these needs.
- It is recommended that the tool is used jointly with parents (and children and young people where appropriate) as it provides a high level of transparency and can help forge better working relationships.
- The tool should be used to measure care given by the main care giver but if care is shared both carers need to have their care graded.
- For disabled children social workers will need a good understanding of their specific needs arising from their disability and what care parents should be providing within the context of the disability.
- If there is more than one child in the family, social workers should consider whether it is possible to gather accurate information by focussing on one child or whether there are discernible differences between the quality of care for children within the family. It may not be possible where there are a spread of ages as some sub areas are relative to the age of the child, for example safety in traffic.
- Consideration needs to be given to the best venue for carrying out the GCP assessment but scoring in some areas would need to involve a home visit so that these conditions can be seen.
- To ensure the integrity of scoring and in order to show changes over time, scoring should only be based on observations made at that time and the GCP should only be used during a relatively stable period for the family, not during a crisis, and when observations reflect a normal day.

When to use the GCP

The GCP assessment should be carried out by the allocated social worker in the long term CIN team following the completion of the child and family assessment where neglect has been identified as an issue.

However the assessment may also be carried out by the Brief Intervention Team where the case will be brought to conference and there are concerns about neglect

or where the case that is being held by the Brief Intervention Team for short term work with the family and neglect is an issue.

Good practice is for the assessment to be carried out at home visits over an 8 week period with the first visit used to introduce the tool, 6 visits to carry out the assessment and the final visit to share the outcome of the assessment with the family.

Areas of measurement

The tool provides a measurement of the quality of care ranging from 1 (excellent) to 5 (poor) across a number of areas of care and enables social workers to recognise which areas of need are being neglected and to what extent.

Areas of care that are measured are:

Area A	Physical care	Nutrition Housing Clothing Hygiene Health
Area B	Safety	Awareness Practice Online safety Safety in traffic Home safety Safety in parents absence
Area C	Emotional care	Sensitivity Response timing Reciprocation (quality)
Area D	Developmental care	Stimulation Approval Disapproval Acceptance

Quality of care is scored as:

Score	Type of care	Level of neglect
1	Needs always met	No neglect
2	Needs met	No neglect
3	Needs met most of the time	Mild neglect
4	Needs not met most of the time	Moderate neglect
5	Needs never met	Severe neglect

Scoring

- Scores should be based on observations of care and on multi-agency records that can be verified, for example health records and school records.
- Scores should be based on the standard of care provided only and should not take into account any factors that may affect this care, for example parental issues such as mental ill health or substance misuse.
- If there is not enough information about care in a particular area do not score.
- To score, consider any observations or verifiable evidence against the description of care quality given for that sub-area and match the evidence to the closest description to give the care, for example:

A1 Nutrition	1 – always met	2 – met	3 – met most of the time	4 – not met most of the time	5 – never met
1.1 Quality	provides excellent quality food and drink	provides reasonable quality food and drink	Provides reasonable quality food and drink but inconsistent through lack of awareness/effort	Mainly provides poor quality or fattening or sugary foods	Quality is not considered at all or lies about quality

- Score each sub area and from these calculate the area score.
 - Look at spread of scores from 1-5
 - If a sub area has a score of 3, 4 or 5 use the **highest** score as that will supersede any lower score in that sub area
 - If the score is between 1 to 3 use the most frequently occurring figure (mode)
 - If the scores are made up of 2 figures for example 1 and 2, use the most frequently occurring (mode) or the highest figure where there is no clear mode.
 - Use this method to calculate the area score.

For example:

Area A: Physical care	Sub area	Score	Sub area score	Area score
Nutrition	Quality	2	2	4
	Quantity	2		
	Dietary requirements	1		
	Preparation	1		
	Organisation	2		
Housing	Facilities	1	1	
	Maintenance	2		
	Decor	1		
Clothing	Appropriateness	1	3	
	Fit	2		
	Look	3		
Hygiene	0-4	3	3	
	5-10			
	Age 11+			
Health	Seeking medical help	2	4	
	Follow up	2		
	Health/development checks	4		
	Disability/chronic illness	2		
Safety	Awareness	2	4	
	Practice	3		
	Online safety			
	Safety in traffic	2		
	Home safety	3		
	Safety in parents absence	4		

- Explain your judgement to parents (and the child if of age and understanding) and note any disagreements. Review all previous evidence each time the tool is used.

Analysis and intervention

GCP can be used to grade care and may show specific areas of care that are strong or weak but the tool will not explain why care is as it is or how parental issues or environmental factors impact on the standard of care given; these must be factored in separately as part of the hypothesis.

Scores given may be uniform and conclusive in all areas but may also be unevenly spread across aspects of care and professional judgement will be needed to decide on what the appropriate level of intervention should be.

As the GCP can demonstrate areas of strength and difficulties in care aspects it can be used with Signs of Safety and to plan services and interventions that are well targeted and at a suitable level of intervention.

The GCP can be used to support the following:

- Prevention of neglect by universal services where the tool shows areas where there is some deficiency in care (1/2).
- Working with families through early help services to improve and standardise care where there is uneven care across areas (3).
- Taking action under the Children Act 1989 where neglect means the threshold for CIN or CP intervention has been reached (4/5).

Thresholds

Score	Type of care	Level of neglect	Level of intervention
1	Needs always met	No neglect	Universal
2	Needs met	No neglect	Universal
3	Needs met most of the time	Mild neglect	Early help
4	Needs not met most of the time	Moderate neglect	CIN
5	Needs never met	Severe neglect	CP