The Graded Care Profile

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 and amended by Salford Safeguarding Children Board.

Available at:
www.safeguardingchildreninstockport.org.uk/handbook

For information about training courses on neglect and a seminar on the Graded Care Profile see:
www.safeguardingchildreninstockport.org.uk/training

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 from the amended Salford version to meet Stockport's Neglect policy, but the quality of the original version is acknowledged.

How is the Graded Care Profile used?

The Graded Care Profile is a descriptive scale. The grades indicate quality of care a child receives 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 following 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 can 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 the Child (TAC) meetings and Child Protection Core Group meetings. The Graded Care Profile should be considered especially in TAC processes when cases are stepping up to Children's Social Care as a service or stepping down from child protection and also at the third core group meeting when the review of the child protection plan needs to consider whether the case is able to step down to TAC or alternatively if the lack of progress requires legal intervention. This is especially important for those cases requiring longer term intervention.

The common processes procedures for CAF and TAC can be accessed *here* and this link also provides access to the CAF/ TAC paperwork.
Finally it should be remembered that it provides a measure of care as it is actually delivered for the child irrespective of other interacting factors. In some situations where conduct and personality of one of the parents is of grave concern, a good graded 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.

GRADES

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.

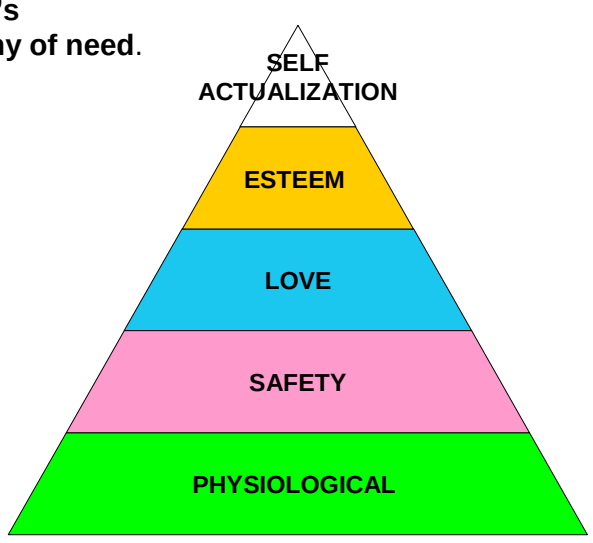
Table 1.

	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. 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. An explanatory table shows all the areas and sub-areas with the five grades alongside.

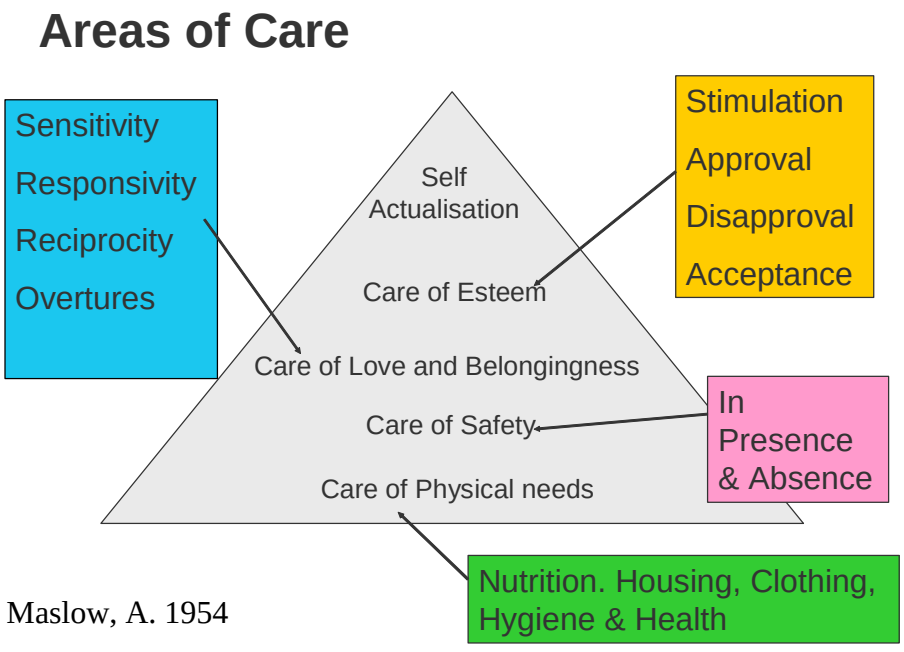
Maslow's hierarchy of need.



To obtain a score, follow the instructions in this manual. The explanatory table gives brief examples of care in all sub-areas/items for all the five grades. From these, scores for the areas are decided.

INSTRUCTIONS

The Graded Care Profile (GCP) gives an objective measure of the care provided for 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.



Maslow, A. 1954

HOW IT IS ORGANISED.

It has three main components, the explanatory table, the scoring sheet, and the summary sheet.

1. The explanatory table

The explanatory table, which starts at page 13, is laid out in *areas*, *sub areas* and *items*
There are four '**areas**' – physical, safety, love and esteem which 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, d. Thus the unit for scoring is an 'item' (or a 'sub-area' where there are no items). See table 2 which shows Area A (physical), sub-area 1 (nutrition) and item a (quality).

Table 2

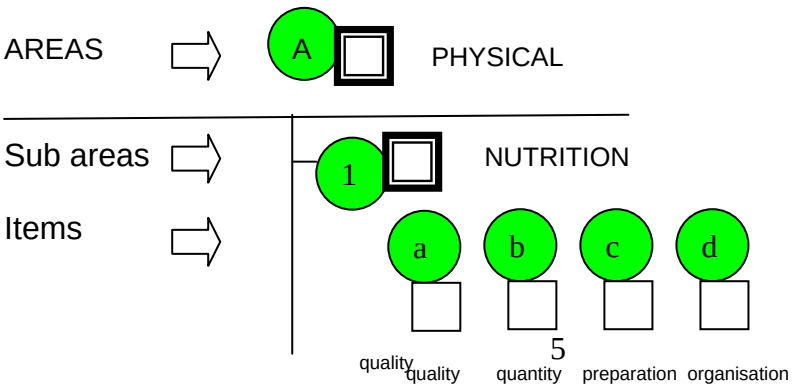
A AREA OF PHYSICAL CARE

Sub-areas	**1** child priority	**2** child first	**3** child and carer equal	**4** child second	**5** child not considered
1 Nutrition					
a. Quality	Aware and thinks ahead; provides excellent quality food and drink.	Aware and manages to provide reasonable quality food and drink.	Provision of reasonable quality food, inconsistent through lack of awareness or effort.	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.

For some of the sub-areas or items there are **age bands** written in bold italics. Stimulation, a sub-area of the area 'esteem', is made up of 'sub-items' for age bands 0 – 2, 2 – 5 & above 5 years. Clearly, only one will apply in any case.

2. The scoring sheet
There is a scoring sheet, which accommodates the entire system down to the items. It gives an overview of all scores and should be completed as the scores are decided from the explanatory table. See table 3.

Table 3



3. The summary sheet

It is printed on an A4 sheet. At the top there is room to make note of personal details, date and to note who the main carer about whom the scoring is done. 'Areas' and 'sub-areas' are in a column vertically on the left hand side and scores (1 to 5) in a row of boxes horizontally against each sub-area. Next to this is a rectangular box for noting the overall score for the area, which is worked from the scores in sub-areas (described later). Next to the area score, there is another box to accommodate any comments relating to that area. See table 4. At the bottom there is a separate table designed to target sub-area(s) or item(s) where care is particularly deficient and to follow them up.

Table 4

Area	Sub-Area	Scores					Area Score	Comments
A Physical	1. NUTRITION	1	2	3	4	5		
	2. HOUSING	1	2	3	4	5		
	3. CLOTHING	1	2	3	4	5		
	4. HYGIENE	1	2	3	4	5		
	5. HEALTH	1	2	3	4	5		

Workers who have used this say that although it looks complicated at first, it gets easier once familiar with the tool

HOW TO USE

1. Discuss with the parent or carer your wish to complete a GCP with them. 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. Fill in the relevant details at the top of the record sheet. Keep the form for your records and note that consent has been given in your case recording system.

2. The Main Carer: is the main carer present when you do the graded care profile. It can be either or both parents, or another main carer. Note who is involved in the top right corner of the record sheet.

3. Methods: It is necessary to do a home visit to make observations. You need to be familiar with the area headings to be sure everything is covered during one or more visits. This document can be shared with the family during the visit, or you can fill it in afterwards. Carers using it themselves can simply go through the explanatory table.

4. Situations:

    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) Don't take into account any *external factors* on the environment (e.g. house refurbished by welfare agency) unless carers have positively contributed in some way by 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,* e.g. bereavement, recent loss of job, illness in parents. It may be necessary to revisit and score at another time.
    d) If the carer is trying to mislead deliberately by giving the wrong impression or information in order to make one believe otherwise- score as indicated in the explanatory table. (e.g. 'misleading explanations'- for PHYSICAL Health/follow up would score 5. and 'any warmth/guilt not genuine' for LOVE Carer/reciprocation would score 5).

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. Send them a copy as soon as possible.

OBTAINING INFORMATION ON DIFFERENT ITEMS OR 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 non-attendance 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 in itself could be a matter for concern in some cases. Check answers out with other sources e.g. colleagues from other agencies.

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 behavioural 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 (i, ii, iii and iv) 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.

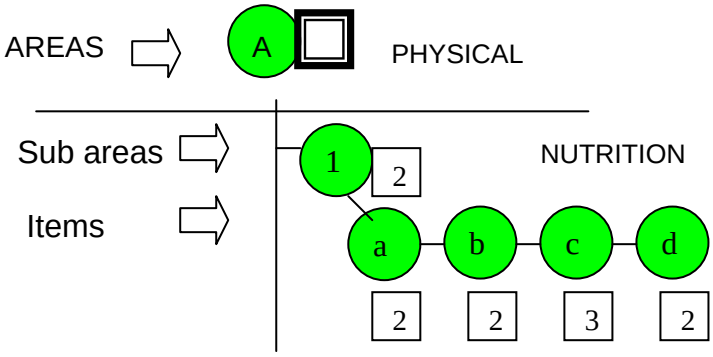
4. Acceptance: Observe or ask how carer generally feels after she/he has told the child off, or when the child has been told off by others (e.g. teacher), when child is not doing well, or feeling sad for various reasons. See if the child is rejected (put down) or accepted at these times with warm and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

SCORING ON THE EXPLANATORY TABLE

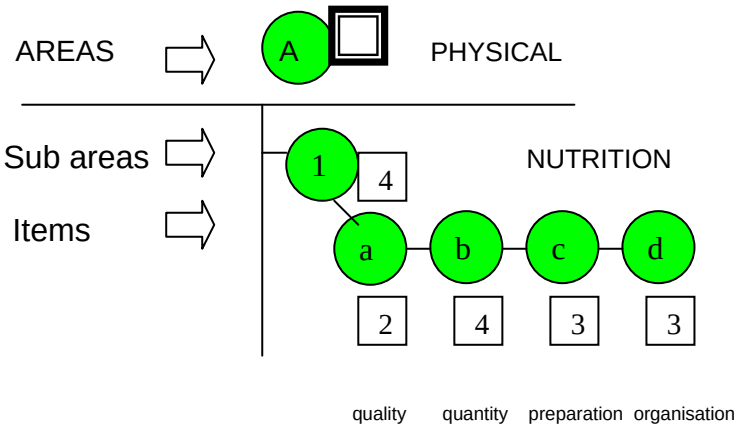
Make sure your information is factual as far as possible. Go through explanatory table – (Sub-Areas and Items). Find the description which matches best, read one grade on either side to make sure, then place a tick on that description (photocopy the score sheet to use each time). The number at the top 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.

Obtaining a score for a sub-area from its items' scores.

Transfer the scores from the explanatory table to the scoring sheet for the items (and sub areas without items i.e. hygiene). 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. Example: the scores for the items average 2 so the sub area score is 2.



If there is even a single score of 4 or 5, score that point regardless of other scores. *
Example: the scores for the items average 3, but there is a score of 4, so the sub area score is 4.



Obtaining a score for an 'area'

Follow the same principle for getting an overall score for an area by taking an average of the sub-area scores. Again, **if there is even a single score of 4 or 5, score that point regardless of other scores. ***

**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. The average score is not used as it will not show up the high scores which are the areas of concern.*

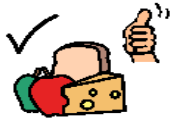
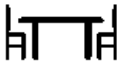
Transferring the scores to the summary sheet':
Transfer all scores in double boxes from the scoring sheet to the summary sheet. This will be the sub area and area scores.

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, to make a note about a child whose behaviour is difficult or a parent who is over protective that gives rise to concern. Comments noted may then lead to provision of additional support.

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

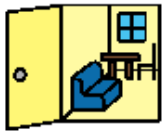
Explanatory table

A AREA OF PHYSICAL CARE

Sub-areas	1 child first	2 child a priority	3 child and carer equal	4 child second	5 child not considered
1. Nutrition 					
a. Quality 	Aware and thinks ahead; provides excellent quality food and drink.	Aware and manages to provide reasonable quality food and drink.	Provision of reasonable quality food, inconsistent through lack of awareness or effort.	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.
b. Quantity 	Ample.	Adequate.	Adequate to Variable.	Variable to Low.	Mostly low or starved.
c. Preparation 	Painstakingly cooked/prepared for the child.	Well prepared for the family always thinking of the child's needs.	Preparation infrequent and mainly for the adults, child sometimes thought about.	More often no preparation. If there is, child's need or taste not thought about.	Hardly ever any preparation. Child lives on snacks, cereals or takeaways.
d. Organisation  	Meals carefully organised – seating, timing, manners	Well organised- often seating, regular timing.	Poorly organised- irregular timing, improper seating.	Ill organised- no clear meal time.	Chaotic – eat when and what one can.

Explanatory table

AREA OF PHYSICAL CARE Continued …

Sub-areas	**1** child first	**2** child a priority	**3** child and carer equal	**4** child second	**5** child not considered
2. Housing 					
a. Maintenance 	Additional features benefiting child- safe, warm and clean (also referred to B-safety area/1/d)	No additional features but well maintained.	State of repair adequate.	In disrepair- but could be repaired easily	Dangerous disrepair- but could be repaired easily (exposed nails, live wires).
b. Décor 	Excellent, child's taste specially considered.	Good, child's taste considered (practical constraints prevent a score of 1).	In need of decoration but reasonably clean.	Dirty.	Long term engrained dirt. (Bad odour).
c. Facilities 	Essential and additional fixtures and fittings- good heating, shower and bath, play and learning facilities.	All essential fixtures and fittings; effort to consider the child. If lacking, due to practical constraints (child comes first).	Essential to bare- no effort consider the child.	Adults needs for safety, warmth and entertainment come first	Child dangerously exposed or not provided for.
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.					

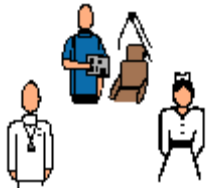
Explanatory table

AREA OF PHYSICAL CARE Continued …

Sub-areas	1 child first	2 child a priority	3 child and carer equal	4 child second	5 child not considered
3. Clothing 					
a. Insulation 	Well protected with high quality clothes.	Well protected, even if with cheaper clothes.	Adequate to variable weather protection.	Inadequate weather protection.	Dangerously exposed.
b. Fitting 	Excellent fitting and design.	Proper fitting even if handed down.	Clothes a little too large or too small.	Clothes clearly too large or too small.	Grossly improper fitting.
c. Look- age 0-5 	Newish, clean, ironed.	Effort to restore any wear. Clean and ironed.	Repair lacking, usually not quite clean or ironed.	Worn, somewhat dirty and crumpled.	Dirty, badly worn and crumpled, odour.
c. Look- age 5+ 	As above	As above, odour if bed wetter, not otherwise.	Worse than above unless child does own washing. If younger (under 7)	Same as above unless child does own washing. Even under 7 same as	Child unable to help him/herself therefore same as above.

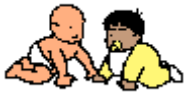
			gets relatively better clothes.	above.	
4. Hygiene 					
Age 0 to 4 	Cleaned, bathed and hair brushed more than once a day	Regular, almost daily.	No routine. Sometimes bathed and hair brushed.	Occasionally bathed but seldom hair brushed.	Seldom bathed or clean. Hair never brushed.
Age 5 to 7 	Some independence at above tasks but always helped and supervised.	Reminded and products provided for regularly. Watched and helped if needed.	Irregularly reminded and products provided. Sometimes watched.	Reminded only now and then, minimum supervision.	Not bothered.
Age 7+ 	Reminded, followed, helped regularly.	Reminded regularly and encouraged if lapses.	Irregularly reminded, Products not provided consistently.	Left to their own initiatives. Provision minimum and inconsistent.	Not bothered

Explanatory table AREA OF PHYSICAL CARE Continued …

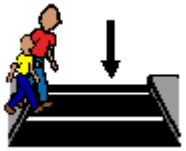
Sub-areas	1 child first	2 child a priority	3 child and carer equal	4 child second	5 child not considered
5. Health 					
a. Opinion sought 	Not only on illnesses but also other genuine health matters thought about in advance and with sincerity.	From professionals/ experienced adults on matters of genuine and immediate concern about child health.	On illness of any severity. Or frequent unnecessary consultation and/ or medication.	Only when illness becomes moderately severe (delayed consultation).	When illness becomes critical (emergencies) or even that ignored.
b. Follow up 	All appointments kept. Rearranges if problems.	Fails one in two appointments due to doubt about their usefulness or due to pressing practical constraints.	Fails one in two appointments even if of clear benefit for reasons of personal inconvenience.	Attends third time after reminder. Doubts its usefulness even if it is of clear benefit to the child.	Fails a needed follow up a third time despite reminders. Misleading explanations for not attending.
c. Health checks and immunisation 	Visits in addition to the scheduled health checks, up to date with immunisation unless genuine reservations.	Up to date with scheduled health checks and immunisation unless exceptional or practical problems. Plans in place to address this.	Omission for reasons of personal inconvenience, takes up if persuaded.	Omissions because of carelessness, accepts if accessed at home.	Clear disregard of child's welfare. Blocks home visits.

d. Disability/chronic illness (3 months after diagnosis)/ illness 	Compliance excellent, (any lack is due to difference of opinion). Compassion for child's needs.	Any lack of compliance is due to pressing practical reason. Compassion for child's needs.	Compliance is lacking from time to time for no pressing reason (excuses). Shows some compassion for child's needs.	Compliance frequently lacking for trivial reasons, very little affection, if at all. Shows little compassion for child's needs.	Serious compliance failure (medication not given for no reason), can lie, (inexplicable deterioration). Shows no compassion for child's needs.
Compliance = accepting professional advice at any venue and carrying out advice given.					

Explanatory table B **AREA OF CARE OF SAFETY**

Sub-areas	1 child first	2 child a priority	3 child and carer equal	4 child second	5 child not considered
1. In Presence					
a. Awareness 	Good awareness of safety issues how ever remote the risk.	Aware of important safety issues.	Poor awareness and perception except for immediate danger.	Oblivious to safety risks.	Not bothered.
NOTE: Please refer to the item 'd (Safety Features)' and the note below it.					
b. Practice					
Pre-mobility age 	Very cautious with handling and laying down. Seldom unattended.	Cautious whilst handling and laying down, Frequent checks if unattended.	Handling careless. Frequently unattended when laid within the house.	Handling unsafe. Unattended even during care chores (bottle left in the mouth).	Dangerous handling, left dangerously unattended during care chores like bath.
Acquisition of mobility 	Constant attention to safety and effective measures against any perceived dangers when up and about.	Effective measures against any danger about to happen.	Measures taken against danger about to happen of doubtful use.	Ineffective measures if at all. Improvement from mishaps soon lapses.	Inadvertently exposes to dangers (dangerously hot iron near by).
Infant school 	Close supervision indoors and outdoors.	Supervision indoors. No direct supervision outdoors if known to be at a safe place.	Little supervision indoors or outdoors. Acts if in noticeable danger.	No supervision, Intervenes after mishaps which soon lapses again.	Minor mishaps ignored or the child is blamed; intervenes casually after major mishaps.
Junior and Senior School 	Allows out in known safe surroundings within appointed time. Checks if goes beyond set boundaries.	Can allow out in unfamiliar surroundings if thought to be safe and in knowledge. Reasonable time limit. Checks if worried.	Not always aware of whereabouts outdoors believing it is safe as long as returns in time.	Not bothered about daytime outings, concerned about late nights in case of child younger than 13.	Not bothered despite knowledge of dangers outdoors-railway lines, ponds, unsafe building, or staying away until late evening/nights.

Explanatory table AREA OF CARE OF SAFETY Continued …

Sub-areas	1 child first	2 child a priority	3 child and carer equal	4 child second	5 child not considered
1. In Presence cont. c. Traffic 					
Age 0 – 4 	Well secured in the pram, harnesses, or when walking, hand clutched. Walks at child's pace.	3-4 year old allowed to walk but close by, always in vision, hand clutched if necessary i.e. crowd.	Infants not secured in pram. 3-4 year old expected to catch up with adult when walking, glances back now and then if left behind.	Babies not secured, 3-4 year olds left far behind when walking or dragged with irritation.	Babies unsecured, careless with pram, 3-4 year old left to wander and dragged along in frustration when found.
5 and above 	5-10 year old escorted by adult crossing a busy road, walking close together.	5-8 year old allowed to cross road with a 13+ child: 8-9 allowed to cross alone if they reliably can.	5-7 year olds allowed to cross with an older child, (but below 13) and simply watched: 8-9 crosses alone.	5-7 year old allowed to cross a busy road alone in belief that they can.	A child, 7, crosses a busy road alone without any concern or thought.
d. Safety Features 	Abundant features- gate, guards, drug lockers, electrical safety devices, intercom to listen to the baby, safety with garden pond and pool etc.	Essential features- secure doors, windows and any heavy furniture item. Safe gas and electrical appliances, drugs and toxic chemicals out of reach, smoke alarm. Improvisation and DIY if cannot afford.	Lacking in essential features, very little improvisation or DIY (done too causally to be effective).	No safety features. Some possible hazard due to disrepair (tripping hazard due to uneven floor, unsteady heavy fixtures, unsafe appliances).	Definite hazard for disrepair- exposed electric wires and sockets, unsafe windows (broken glass), dangerous chemicals carelessly lying around.
Note: This item along with other safety provisions which are not a fixture like a bicycle helmet, safety car seats, sports safety wear etc. can be used to score for item 'a' (Awareness of safety).					

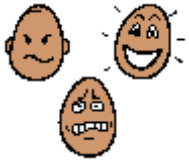
Explanatory table

AREA OF CARE OF SAFETY Continued …

Sub-areas	1 child first	2 child a priority	3 child and carer equal	4 child second	5 child not considered
2. Safety in Absence 	Child is left in care of a vetted adult. Never in sole care of an under 16.	Out of necessity a child aged 1-12 is left with a young person over 13 who is familiar and has no significant problem, for no longer than necessary. Above arrangement applies to a baby only in an urgent situation.	For recreational reason leaves a 0-9 year old with a child aged 10-13 or a person known to be unsuitable.	For recreational reason a 0-7 year old is left with an 8-10 year old or an unsuitable person.	For recreational reason a 0-7 year old is left alone or in the company of a relatively older but less than 8 year old child or an unsuitable person.

Explanatory table

C AREA OF CARE OF LOVE

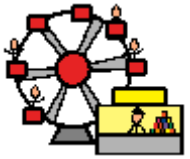
Sub-areas	1 child first	2 child a priority	3 child and carer equal	4 child second	5 child not considered
1. Carer					
a Sensitivity 	Looks for or picks up very subtle signals- verbal or nonverbal expression or mood.	Understands clear signals – distinct verbal or clear nonverbal expression.	Not sensitive enough – messages and signals have to be intense to make an impact e.g. crying.	Quite insensitive – needs repeated or prolonged intense signals.	Insensitive to even sustained intense signals or dislikes child.
b Timing of response 	Responds at time of signals or even before in anticipation	Responds mostly at time of signals except when occupied by essential chores.	Does not respond at time of signals if during own leisure activity. Responds at time of signals if fully unoccupied or child in distress.	Even when child in distress responses delayed.	No responses unless a clear mishap for fear of being accused.
c Reciprocation (quality) 	Responses fit with the signal from the child, both emotionally (warmth) and materially (food, nappy change). Can get over stressed by distress signals from child. Warm.	Material responses (treats etc.) lacking, but emotional responses warm and reassuring.	Emotions warm towards child if in good mood (not burdened by strictly personal problem), otherwise flat.	Emotional response brisk and flat. Annoyance if child in moderate distress but attentive if in severe distress.	Disliking and blaming even if child in distress, acts after a serious mishap mainly to avoid being accused, any warmth/guilt not genuine.

Explanatory table

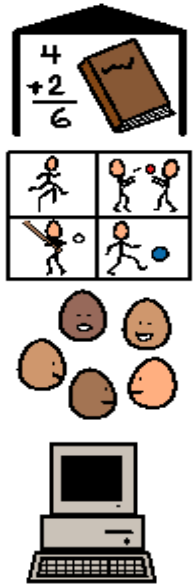
AREA OF CARE OF LOVE continued …..

Sub-areas	1 child first	2 child a priority	3 child and carer equal	4 child second	5 child not considered
2. Mutual Engagement					
a, Beginning interactions 	Carer starts interactions with child. Child starts interactions with carer. Carer does this more often.	Carer starts interactions with child. Child starts interactions with carer. Equal frequency. Positive attempt by carer even if child is defiant.	Child mainly starts interactions. Sometimes the carer. Carer negative if child's behaviour is defiant.	Child mainly starts interactions. Not very often the carer.	Child does not attempt to start interaction with carer. Carer does not start interactions with child. Child appears resigned or apprehensive.
b, Quality 	Frequent pleasure of engagement, both enjoy it, carer may seem to enjoy a bit more.	Quite often and both enjoy equally.	Less often engaged for pleasure, child enjoys more. Carer passively joins in getting some enjoyment at times.	Engagement mainly for a practical purpose. Indifferent when child attempts to engage for pleasure. Child can get some pleasure (attempts to sits on knees, tries to show a toy).	Dislikes it when child tries to enjoy interactions, if any. Child resigned or plays on own. Carer's engagement for practical reasons only (dressing, feeding).
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 of 'carer' (C/1) alone and problem noted as comments.					

Explanatory table **D AREA OF CARE OF ESTEEM**

Sub-areas	1 child first	2 child a priority	3 child and carer equal	4 child second	5 child not considered
1. Stimulation					
Age 0-2 years 	Plenty of appropriate stimulation (talking, touching, looking). Plenty of equipment	Enough and appropriate intuitive stimulation (See below), less showy toys, gadgets, outings and celebrations	Inadequate and inappropriate- baby left alone while carer pursues own amusements; sometimes interacts with baby.	Baby left alone while adult gets on with pursuing own amusements unless strongly sought out by the baby.	Absent- even mobility restricted (confined in chair/pram) for carer's convenience. Cross if baby demands attention.
Age 2-5 years   	i *Interactive stimulation* (talking to, playing with, reading stories and topics) plenty and good quality. ii *Toys and gadgets* (items of uniform, sports equipment, books etc.) – Plenty and good quality iii *Outings* (taking the child out for recreational purposes) – frequent visits to child centred places locally and away. iv *Celebrations* – both seasonal and personal, child made to feel special	i Sufficient and of satisfactory quality. ii Provides all that is necessary and tries for more, make do if unaffordable. iii Enough visits to child centred places locally (e.g. parks) occasionally away (e.g. Legoland, zoos). iv Equally keen and eager but less showy.	i Variable- adequate if usually doing own thing. ii Essentials only. No effort to make do if unaffordable. iii Child accompanies carer wherever carer decides, usually child friendly places. iv Mainly seasonal (Christmas) low key personal (birthdays).	i Scarce- even if doing nothing else. ii Lacking on essentials. iii Child simply accompanies – holidays or locally (e.g. shopping), plays out doors in neighbourhood. iv Only seasonal- low key to keep up with the rest.	i Nil. ii Nil, unless provided by other sources- gifts or grants. iii No outings for the child, may play in the street but carer goes out locally e.g. to pub with friends. iv Even seasonal festivities absent or dampened.

Explanatory table AREA OF CARE OF ESTEEM Continued

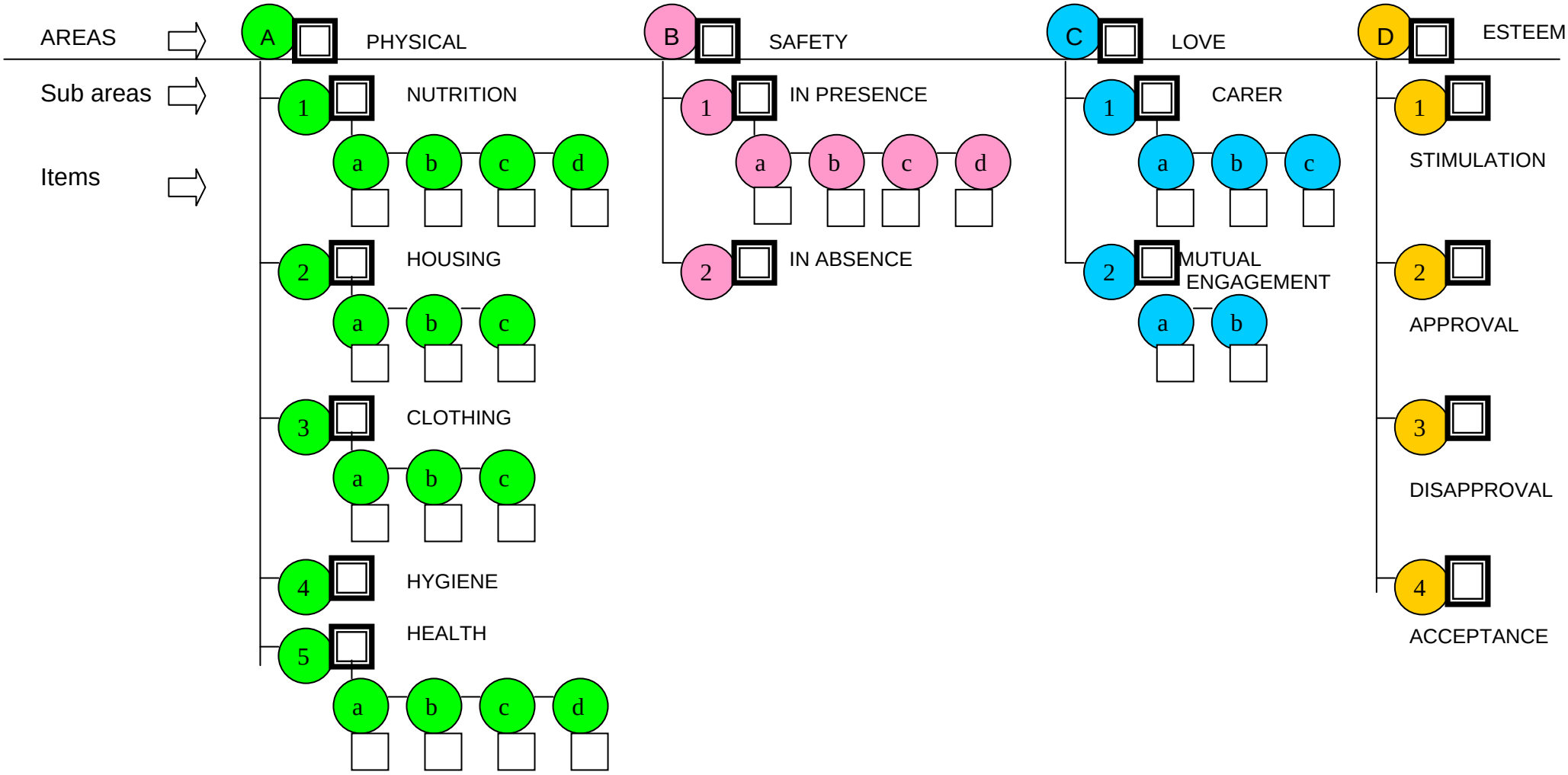
Sub-areas	1 child first	2 child a priority	3 child and carer equal	4 child second	5 child not considered
1. Stimulation cont.					
Age 5+ years 	I *Education* – active interest in schooling and support at home. ii *Sports and leisure* – well organised outside school hours e.g. swimming, clubs. etc. iii *Friendships* – encouraged and checked out iv *Provision* –stylish e.g. sports gear, computers.	i Active interest in schooling, support at home when can. ii All affordable support. iii Carer offers some help. iv Well provided and tries to provide more if could.	i Maintains schooling but little support at home even if has spare time. ii little effort in finding out but takes up opportunities at doorstep. iii Accepts if a friend is from a supportive family with carer. iv Poorly provided.	i Little effort to maintain schooling or mainly for other reasons like free meals etc. ii Child makes all the effort, carer not bothered. iii Child finds own friends, no help from carer unless reported to be bullied. iv Under provided.	i Not bothered or can even be discouraging. ii Not bothered even if child is doing unsafe/unhealthy activity. iii Not bothered. iv No provision.
NOTE: Whichever describes the case best should be ticked as the score; in the event of a tie choose the higher score.					
2. Approval 	Talks about the child with delight/praise without being asked; material and generous emotional reward for any achievement.	Talks fondly about the child when asked, generous praise and emotional reward, less of material reward.	Agrees with other's praise of the child, low key praise and damp emotional reward.	Indifferent if child praised by others, indifferent to child's achievement, which is quietly acknowledged.	If the child is praised by someone else, successes rejected. Achievements not acknowledged, lack of reprimand or ridicule is the only reward if at all.

Explanatory table

AREA OF CARE OF ESTEEM Continued

Sub-areas	1 child first	2 child a priority	3 child and carer equal	4 child second	5 child not considered
3. Disapproval 	Mild verbal and consistent disapproval if any set limit is crossed.	Consistent terse verbal, mild physical, mild sanctions if any set limits are crossed.	Inconsistent boundaries or methods terse/shouts or ignores for own convenience, mild physical and moderate other sanctions.	Inconsistent, shouts/harsh verbal, moderate physical, or severe other sanctions.	Terrorised. Ridicule, severe physical or cruel other sanctions.
4. Acceptance 	Unconditional acceptance. Always warm and supportive even if child is failing.	Unconditional acceptance, even if temporarily upset by child's behavioural demand but always warm and supportive.	Annoyance at child's failure, behavioural demands less well tolerated.	Unsupportive to rejecting if child is failing or if behavioural demands are high. Accepts if child is not failing.	Indifferent if child is achieving but rejects if makes mistakes or fails. Exaggerates child's mistakes
NOTE: If the style of parenting (over protective, permissive to foster independence, authoritarian) or type of values instilled is of concern, please make a note in the corresponding comment box on the record sheet.					

Scoring sheet



This is the scheme representing all ‘items’ (represented by small letters); ‘sub areas’ (represented by numbers), and ‘areas’ (represented by capital letters) these are printed in circles.
Scores are to be noted in boxes adjacent to corresponding ‘items’, ‘sub areas’ and ‘areas’. This represents the entire record as in the explanatory table for full reference.

Summary sheet

Name (Child)_____ Date of Birth _____

Main Carer/s _____

Carer/s signature/s of consent to complete a GCP _____

Scorer's Name Scorer's Signature Date

Area	Sub-Area	Scores					Area Score	Comments
A Physical	1. NUTRITION	1	2	3	4	5		
	2. HOUSING	1	2	3	4	5		
	3. CLOTHING	1	2	3	4	5		
	4. HYGIENE	1	2	3	4	5		
	5. HEALTH	1	2	3	4	5		
B Safety	1. IN CARER'S PRESENCE	1	2	3	4	5		
	2. IN CARER'S ABSENCE	1	2	3	4	5		
C Love	1. CARER	1	2	3	4	5		
	2. MUTUAL ENGAGEMENT	1	2	3	4	5		
D Esteem	1. STIMULATION	1	2	3	4	5		
	2. APPROVAL	1	2	3	4	5		
	3. DISAPPROVAL	1	2	3	4	5		
	4. ACCEPTANCE	1	2	3	4	5		

Targeting Particular Item of Care:-

Any item with disproportionately high score can be identified by reference to the explanatory table by writing the area, sub area and item i.e. physical/nutrition/quality in the table below.

	Targeted items (area/sub area/item)	Current Score	Period for change	Target Score	Actual Score after first review
1					
2					
3					

I have seen the completed GCP scores for my child.
Parent/ carer comments

Signed Date