Derby and Derbyshire Integrated Working

Neglect & Graded Care Profile

Practice Guidance

February 2017

Version Control

Please note this joint document replaces the previously published Derby Neglect and Graded Care Profile Practice Guidance first published in 2011 and updated in 2015.					
Version	**Author/s**	**Amendments**	**Signed off by**	**Date**	**Review Date**
1.	Head of Service and Team Manager, People Services, Derby City Council and Principal Practitioner Early Help, Derbyshire County Council	-	DSCB Policy and Procedures Group	February 2017	Subject to publication of NSPCC GCP2 and local review

The Graded Care Profile

Foreword

The Graded Care Profile has been considered as an effective tool to support Early Intervention and Safeguarding teams, as well as practitioners in other agencies, with assessment of neglect.

The strength of this model as a multi-disciplinary tool has been evidenced across a number of locality authorities.

This guide has been designed to assist staff in the identification and classification of neglect at the various levels of professional intervention and is to be used with the accompanying scales, scoring sheets and instructions.

Finally it should be remembered that the Graded Care Profile 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 finding on its own should not be used to dismiss that fact. It brings the issue of care to the fore for consideration in the context of overall assessment.

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Application of the Model

The Graded Care Profile (GCP or the Profile) has been developed to identify strengths and weaknesses in the quality of parental care and has an objective measuring scale to determine levels of care that have implications for a child's physical and emotional well-being and development. Prior evaluation of the Profile in Luton and Salford Local Authorities have demonstrated it is a reliable and valid aid to decision making. Much of what is written here is taken from these evaluations.

As with all models of intervention, it is intended as a tool only and must be used in conjunction with professional judgement based on the holistic needs of children and young people. In cases of neglect, it will supplement information contributing to the assessment of the child and not replace it. Therefore the Early Help Assessment (EHA) will remain Derby and Derbyshire's early help assessment and Social Work staff will continue to use the single assessment. The Profile can indicate precisely where a deficit of actual care is located[1]. This information can then be used to target interventions more effectively and to then monitor progress being made.

The Profile can be completed by all agencies working with families where neglect is an issue. For optimum effectiveness to ensure early detection of neglect and then provide appropriate action to safeguard welfare and development, the Profile should be used in the following areas:

- Early Help when there are emerging needs;
- Children in Need (section 17) where there are complex or serious needs;
- Child protection (section 47) where there are child protection concerns; and
- It can also be used to support the rehabilitation of a young person looked after or residing with extended family.

In these areas, professionals must be aware that where scores do not improve or where they decline, more intrusive action should be considered. Professionals must refer to the Derby and Derbyshire Thresholds document (see Derby and Derbyshire Safeguarding Children

[1] Adapted from Luton ACPC, 1999

Procedures, Document Library) to support them in their decision making about the child's needs and appropriate assessments and interventions.

Where there are complex or serious needs or if there are child protection concerns a referral to Children's Social Care should be made. In most situations this would be:

- In Derby via the locality Vulnerable Children's Meeting (VCM) unless the concerns were urgent.

- In Derbyshire most situations would be via Call Derbyshire (Starting Point) or Multi Agency Team (MAT) step up arrangements to Social Care.

See Derby and Derbyshire Safeguarding Children Procedures, Chapter 1.2 Making a referral to Social Care.

Early Help

It is anticipated that the Profile applied at this stage will be used by practitioners to determine the extent of neglect and therefore inform a Team Around the Family (TAF) action plan. If serious or complex needs or child protection concerns are identified, a referral should be made to Children's Social Care. The Profile at this stage can greatly assist Multi-Agency Team (MAT) members and partner professionals by helping them determine the nature and level of the concern relating to neglect.

The common language and understanding of the components of neglect help to clarify deficits and strengths in parent care and will assist practitioners assess neglect at the earliest point.

At early intervention, therefore the Profile can be used to:

1. Prioritise cases for intensive family change work.
2. Prioritise cases for Social Care involvement supported by the Profile assessment.
3. Assist in quantifying cases such as failure to thrive, repeated accidents, developmental delay, parenting issues (list is not definitive).
4. Inform intensive work with families and support families to see improvement taking place or to track lack of improvement.

5. For consultation by in Derby the locality Vulnerable Children's Meeting (VCM) or in Derbyshire by managers to discuss 'Step Up' decisions.
6. Inform referrals to specialist services.
7. Inform an immediate referral in Derby to Children's Social Care First Contact Team or in Derbyshire to Call Derbyshire (Starting Point).

Neglect Early Help Pathway Planning

Following a concern of potential neglect being raised, an early help assessment (EHA) should be commenced and a team around the family (TAF) meeting held. A Profile assessment should be undertaken to determine the level of neglect present.

In families where the assessment and TAF intervention has not improved the scores in specific neglect areas, the case should be referred to:

- In Derby to the locality Vulnerable Children's Meeting (VCM) for consultation and /or additional support and/or further assessment /intervention by Children's Social Care.
- In Derbyshire the case should be raised in managers 'Step Up' discussions.

If the extent of neglect accelerates or is judged to have immediate child protection concerns, a referral to the relevant Children's Social Care is warranted, and should be accompanied by the Profile findings, the EHA and action plan. In Derby this would be via the First Contact Team or in Derbyshire via Call Derbyshire (Starting Point).

Safeguarding

Consideration must be given to the risk associated with the score, vulnerabilities such as disability, age and developmental of the child. Professionals should refer to the Derby and Derbyshire Thresholds document to support them in their decision making. If there are concerns about serious or complex needs or child protection concerns Children's Social Care involvement will be required.

1. All cases where neglect is at a level of serious concern whether in early help or Social Care work, the Profile will be undertaken and will be used to focus assessment, intervention and Gateway meetings.

2. Within Children's Social Care teams, the Profile will be the principle tool to assess and evaluate parenting issues in the context of neglect and will be considered at child in need reviews and child protection case conferences.

3. Issues of concern within the Profile assessment should be addressed in the child's child in need or child protection plan.

4. A single score of 4 or 5 may be very significant for a vulnerable child or where the risk identified is serious. In such cases, consideration must be given to scores and patterns across siblings as they may provide a cumulative score of concern that could indicate that escalating the concerns to Children's Social Care is necessary.

5. Where there are a number of scores of 4 or 5 consideration needs to be given whether this is a single issue concern which can be rectified quickly. The TAF meeting will need to explore the issues and agree the best way to proceed. Should no progress be made through the identified action plan:

    - In Derby a referral to the Locality Vulnerable Children's meeting (VCM) should be made. The VCM may decide that the needs are complex or serious and Children's Social Care should commence a Single Assessment. The same could apply to a number of scores of 3 dependent on the presenting risk, age and vulnerability of the child.
    - In Derbyshire the on-line Request for Support Form should be completed outlining the concerns. Supporting documentation, including the EHA and GCP, should also be sent to startingpoint@derbyshire.gcsx.gov.uk to inform decision making.

    They may decide that the needs are complex or serious and Children's Social Care should commence a Single Assessment. The same could apply to a number of scores of 3 dependent on the presenting risk, age and vulnerability of the child.

6. Child protection concerns should be referred immediately to the Derby Children's Social Care First Contact Team or the locality Duty Team or in Derbyshire Children's Social Care Call Derbyshire (Starting Point).

7. Where there is a child in need plan or child protection plan it must indicate the frequency of re-application of the tool and the subsequent contingency plan. For example, where there is scoring of 4 or 5 on two consecutive assessments, a core group meeting should be reconvened.

Looked After Children

Where children are Looked After as a result of neglect or where significant indicators or neglect were present prior to accommodation, the Profile should form an assessment if rehabilitation is considered.

In summary

The following points are applicable:

1. The Profile can be used by MAT and Children's Centre Teams, Social Care and Health practitioners to determine decision making for further intervention.

2. The Profile can be applied to cases which have already received an assessment at early help or where concerns of neglect emerge within existing Social Care case work.

3. The Profile will underpin Family Change work undertaken by a MAT, where neglect is present.

4. Where cases held by MAT highlight that a number of indicators of neglect are present, the completed Profile will be presented in Derby at Vulnerable Children's meetings (VCM) and in Derbyshire at managers Step Up discussions or as part of the evidence for 'Step Up' to Social Care.

5. In all cases where grades do not improve, or decline, the case must be discussed at a Derby VCM or Derbyshire managers' Step Up' meeting, to decide if assessment and interventions are required by Children's Social Care. Child protection concerns should be referred immediately to the Derby First Contact team or the locality Duty Team and in Derbyshire to Call Derbyshire (Starting Point).

Instructions

The Profile gives an objective measure of care of a child by a parent /carer. It is a direct categorical scale which gives a qualitative grading for actual care delivery, taking into account commitment and effort shown by the parent carer. Personal attributes of the carer, social environment or attributes of the child are not accounted for unless the child is observed to be affected by the. Thus, if a child is provided with good food, good clothes and a safe house the Profile will score better even if the carer happened to be poor.

The grades are on a five point (extending from best to worst) continuum. 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 attachment, 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 each of the items.

A coding manual is prepared giving brief examples of constructs 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 coding manual.

There is a system of notation by which each item or sub-area can be represented. This is taken advantage of in designing the follow-up and targeting intervention. Methods are described below in detail. Where appropriate it can be scored by the parent carer(s) themselves.

Although it sounds complicated, in practice it is not, it makes for easier re-assessment and parent & / or children can score themselves.

Organisation of the Profile

The Profile has two main components which are described below.

The Record Sheet

This consists of a summary and scoring sheet. The summary sheet is printed on an A4 sheet with 'areas' and sub-areas' in a column vertically on the left hand side and scores (1 – 6) in a row of boxes horizontally against each sub-area. Next to this is a rectangular box for noting the scores for the areas which is worked from the scores in sub-areas (described later). Adjacent to the area score, there is another box to accommodate any comments relating to that area. At the top there is room to make notes of personal details, date and to note who the main carer is against which the scoring is done. At the bottom there is a separate table designed to target item(s) or sub-areas where care is particularly deficient and to follow them up.

On the other side of the record sheet there is a full reference scheme known as the 'scoring summary' which accommodates the entire system down to the items. This is for the references and the record as it is not feasible to keep a coding manual with each case each time scoring is completed.

The Reference System

A capital letter denotes an 'area'. Numerals denote 'sub-area' and a small letter denotes an 'item'. For example, A/1a – area of physical care, sub-area nutrition for this area / item quality for this sub area = quality of nutrition for physical care.

The record sheet and reference system are located within the GCP Assessment Tool template (February 2017) document located in the Derby and Derbyshire Safeguarding Children Procedures Document Library or on www.derbyscb.org.uk or www.derbyshirescb.org.uk.

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

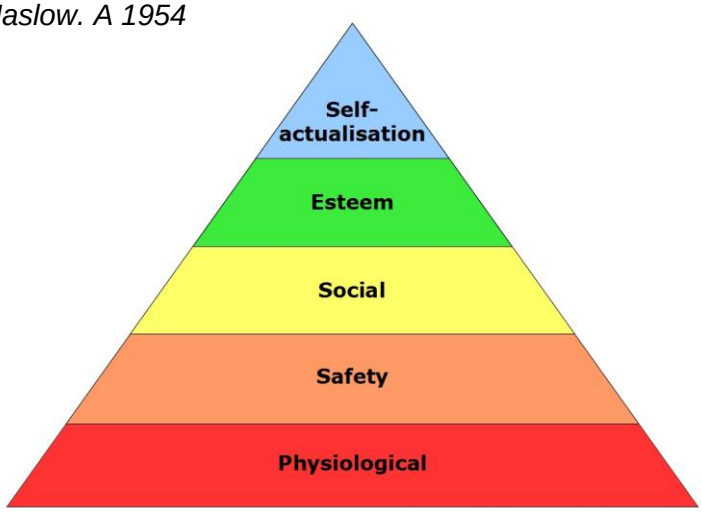
	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
1	All child's needs met	Essential needs fully met	Some essential needs unmet	Most essential needs unmet	Essential needs entirely unmet/hostile
2	Prioritises child	Tries to put child first	Child/carer equal	Child second	Child not considered
3	Best	Adequate	Borderline	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.

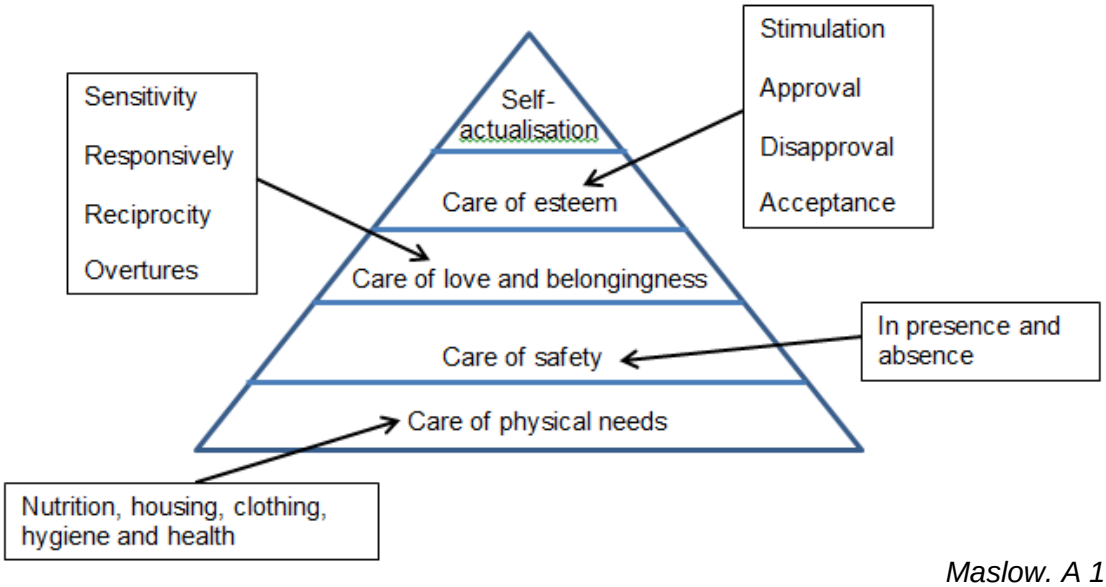
Hierarchy of Need

Maslow. A 1954



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.

Areas of Care



Maslow. A 1954

How the GCP is organised

It has three main components, which are described below.

1. The explanatory table

The explanatory table, (this can be found in the GCP Assessment Tool Template document), 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

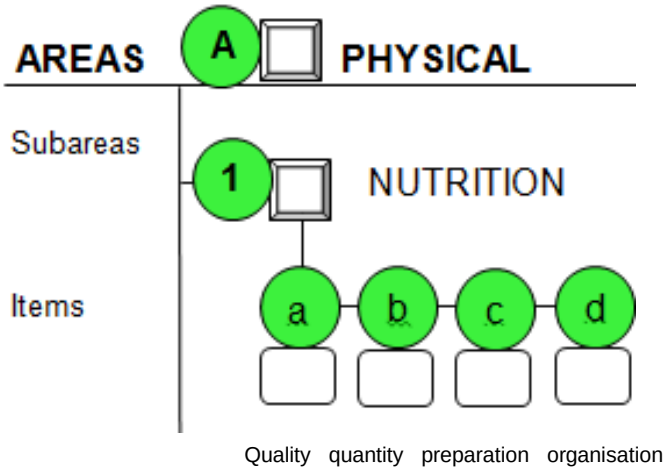
Sub-areas	1. Child priority	2. Child first	3. Child and carer equal	4. Child second	5. Child not considered
1. Nutrition					
a. Quality	Aware and thinks ahead; provides excellent quality food and drink.	Aware and manages to provide reasonable quality food and drink.	Provision of reasonable quality food, 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, (this can be found in the GCP Assessment Tool Template document) 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 below.

Table 3



3. The summary sheet

It is printed on an A4 sheet and can be found in the GCP Assessment Tool Template document. 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 the Profile

1. **Discuss with the parent or carer** your wish to complete a GCP with them. 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. For example 'misleading explanations' for PHYSICAL Health/follow up would score 5 and 'any warmth/guilt not genuine' for LOVE AND ATTACHMENT 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 and school wear: (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

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 itself could be a matter for concern in some cases. Check answers out with other sources.

C) Love and Attachment

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. Attunement means the carer can instinctively meet child's emotional needs.

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.). Can the parent pick up on the child's signals, e.g. crying, eye contact, smiling, arms held up or avoidance.

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 whichever 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.

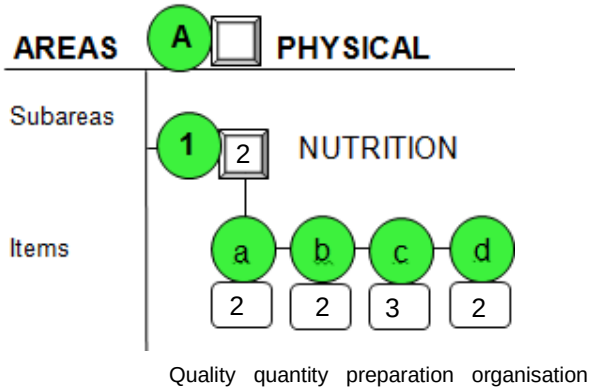
4. **Acceptance:** Observe or ask how carer generally feels after she/he has told the child off, or when the child has been told off by others (e.g. teacher), when child is not doing well, or feeling sad for various reasons. See if the child is rejected (put down) or accepted at these times with warm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

Scoring on the explanatory table

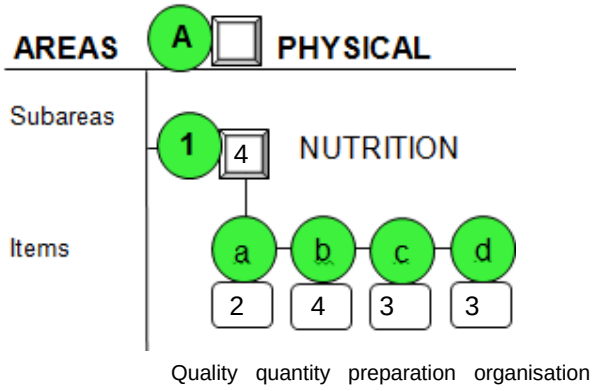
Make sure your information is factual as far as possible. Go through explanatory table (Sub-Areas and Items). Find the description which matches best, read one grade on either side to make sure, then place a tick on that description (photocopy the score sheet to use each time). The number at the top 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. For 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. For example the scores for the items average 3, but there is a score of 4, so the sub area score is 4; see note* below**.**



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. See note* below.

> **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, a child whose behaviour is difficult or a parent whose over protectiveness gives rise to concern. Comments noted may then lead to additional support.

Targeting

If a particular sub-area scores highly, it can be noted in the table at the bottom of the summary sheet. 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.